

FILED DEC 16 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39632

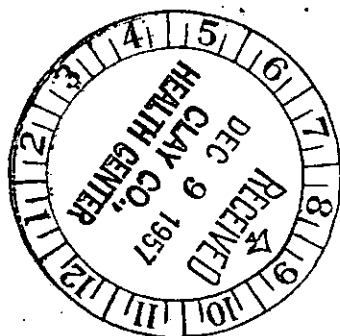
STATE FILE NUMBER

Registration District No. 73

Primary Registration District No. 5291

Registrar's No. 157

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Liberty</u>		c. CITY OR TOWN <u>Liberty</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>IOOF Hospital</u>		d. STREET ADDRESS <u>RR 3</u>	
3. NAME OF DECEASED (Type or print) First <u>Church</u> Middle <u>Walter</u> Last <u>Link</u>		4. DATE OF DEATH Month <u>Nov</u> Day <u>29</u> Year <u>1957</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 25 1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) <u>unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Callaway Co. Mo.</u>	
11. BIRTHPLACE (City and state or country) <u>Callaway Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Samuel C Link</u>		14. MOTHER'S MAIDEN NAME <u>Elvire Rebecca Baysinger</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>IOOF Home Records Liberty, Mo.</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>4201</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>And Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>34th app</u>	
20c. TIME OF INJURY Hour <u>4</u> a. m. <u>11</u> p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Liberty</u>	
20e. CITY, TOWN, OR LOCATION <u>Liberty</u>		COUNTY <u>Mo</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>July 6 1957</u> to <u>Nov 28 1957</u> and last saw him alive on <u>Nov 28 1957</u> Death occurred at <u>6 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Wm H Goodson</u> (Degree or title) <u>MD</u>	
22b. ADDRESS <u>Liberty Mo</u>		22c. DATE SIGNED <u>11/29/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		23b. DATE <u>12-1-57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Link Cemetery</u>		23d. LOCATION (City, town, or county) <u>Tebbetts Missouri</u>	
24. FUNERAL DIRECTOR <u>Tyler-Pasley Liberty, Mo.</u>		ADDRESS	
25. DATE RECD. BY LOCAL REG. <u>12-5-57</u>		26. REGISTRAR'S SIGNATURE <u>Mabel Graham</u>	



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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
Signature of Licensed Embalmer

Licensed Embalmer No. 453

P. O. Address.....  
H. Bert

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.